CURRENT EMPLOYER OR OTHER PAYOR INFORMATION

THIS FORM MUST BE COMPLETED FOR: AN ORDER OF ASSIGNMENT/INCOME WITHHOLDING ORDER	
PAYOR NAME: (PERSON RESPONSIBLE TO M	AKE PAYMENTS)
LIST ONLY THE EMPLOYER OR OTHER PAYOR'S NAME AND PAYROLL ADDRESS WHERE THE ORDER OF ASSIGNMENT/ INCOME WITHHOLDING ORDER SHOULD BE MAILED. CURRENT EMPLOYER NAME:	
CITY:	STATE:ZIP:
EMPLOYER/OTHER PAYOR TELEPHONE I	NUMBER:
EMPLOYER/OTHER PAYOR FAX NUMBER	:
FOR COURT USE	ONLY. DO NOT WRITE BELOW THIS LINE.
WA/FSC	
WA/LOG ID: TYPE OF W/A: DATE: AMOUNT TO ORDER: EMPLOYER STATUS: ENTERED BY:	
NEW W/A: AG:	SUB: DCSE:

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